



**State of Hawaii, Department of Health, Clean Water Branch**

**CWB-NOI Form H**

**Notice of Intent for HAR, Chapter 11-55, Appendix H - NPDES General Permit Coverage Authorizing Discharges of Treated Process Wastewater Associated with Petroleum Product Bulk Terminal Facilities**

Before completing this form, read the General Guidelines for CWB-NOI Forms and Guidelines for CWB-NOI Form H. Alteration of the text in this form may delay the processing of this submittal.

1. Owner Information (see Guidelines for CWB-NOI Form H - Note 1)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

2. Owner Type (see Guidelines for CWB-NOI Form H - Note 2)

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

\_\_\_\_\_

3. Operator Information (see Guidelines for CWB-NOI Form H - Note 3)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

4. Facility Information (see Guidelines for CWB-NOI Form H - Note 4)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

Island: \_\_\_\_\_

| Tax Map Key No(s). |         |      |           |
|--------------------|---------|------|-----------|
| Zone               | Section | Plat | Parcel(s) |
|                    |         |      |           |
|                    |         |      |           |

5. Receiving State Water(s) Information (see Guidelines for CWB-NOI Form H - Note 5)

a. Receiving State Water Name: \_\_\_\_\_

Discharge Point Coordinates into the Receiving State Water:

Latitude: ° ', " N Longitude: ° ', " W

Classification: (check the appropriate space(s))

Inland: Class 1 ☐ Class 2 ☐ and Estuary ☐

Marine: Class AA ☐ Class A ☐ and Embayment ☐

b. Are there additional discharge points into receiving State waters?

No ☐ Yes ☐ If yes, provide the information requested in Item 5.a. on a separate sheet.

c. Does the discharge initially enter a separate storm water drainage system?

No ☐ Yes ☐ If yes, provide the following information. Attach a separate sheet with the requested information if there is more than one (1) discharge point into the separate storm water drainage system.

i. Drainage System Owner's name: \_\_\_\_\_

ii. Discharge Point Coordinates into the Drainage System:

Latitude: ° ', " N Longitude: ° ', " W

- iii. A copy of the permit, license, or equivalent written approval granted by the owner(s) of the drainage system(s) allowing the subject discharge to enter their drainage system(s) is attached.

Yes ☐ No ☐ , an explanation is attached.

6. Petroleum Product Bulk Terminal Effluent Discharges Information (see Guidelines for CWB-NOI Form H - Note 6)

a. Operations Contributing to the Discharge

| Operations Contributing to the Process Wastewater Effluent | Average Flow of Process Wastewater (cfs/gpd) | Average Flow of Storm Water Runoff (cfs/gpd) |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

b. Rates of Treated Process Wastewater Effluent Discharge from Discharge Point(s)

| Discharge Point ID# | Average daily flow rates (cfs/gpd) | Maximum daily flow rates (cfs/gpd) | Total Quantity of Discharge (cfs/gpd) |
|---------------------|------------------------------------|------------------------------------|---------------------------------------|
|                     |                                    |                                    |                                       |
|                     |                                    |                                    |                                       |
|                     |                                    |                                    |                                       |
|                     |                                    |                                    |                                       |

c. The treatment received by the process wastewater effluent:

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d. Period of non-storm water discharge (check the appropriate space(s))

Continuous ☐ Seasonal ☐ Occasional ☐  
Emergency ☐ Daily ☐ Intermittent ☐

7. Location Map (see Guidelines for CWB-NOI Form H - Note 7)

A topographic map or maps of the area which clearly show the following is/are attached:

Yes ☐ No ☐

- a. Legal boundaries of the facility,
- b. Location and identification number of each of the facility's existing and/or proposed outfalls or discharge points, and
- c. Receiving State water(s) and receiving storm water drainage system(s), if applicable, identified and labeled.

8. Flow Chart (see Guidelines for CWB-NOI Form H - Note 8)

A flow chart or line drawing showing the general route taken by the effluent (wastewater and contaminated storm water) through the facility from intake to the discharge point is attached.

Yes ☐ No ☐

9. Existing or Pending Permits, Licenses, or Approvals (see Guidelines for CWB-NOI Form H - Note 9)

Provide the status and corresponding file numbers on any existing or pending environmental permits.

- a. Other NPDES Permit or NGPC File No.: \_\_\_\_\_
- b. DA Permit: \_\_\_\_\_
- c. Section 401 WQC: \_\_\_\_\_
- d. RCRA Permit (Hazardous Wastes): \_\_\_\_\_
- e. Facility on SARA 313 List (identify SARA 313 chemicals on site):  
\_\_\_\_\_
- f. Other (Specify): \_\_\_\_\_

10. NGPC Renewal (see Guidelines for CWB-NOI Form H - Note 10)

Is this an application for NGPC renewal?

No ☐ Yes ☐ If yes, provide the assigned File No.: \_\_\_\_\_

11. Automatic Coverage Under General Permit (see Guidelines for CWB-NOI Form H - Note 11)

- a. ☐ I elect to claim automatic coverage per HAR, Section 11-55-34.09(f).
- b. ☐ I elect to waive automatic coverage per HAR, Section 11-55-34.09(g).

12. North American Industrial Classification System (NAICS) United States Structure Codes (see General Guidelines for NOI Forms - Note IV)

|   | NAICS Codes |  |  |  |  |  | Description |
|---|-------------|--|--|--|--|--|-------------|
| a |             |  |  |  |  |  |             |
| b |             |  |  |  |  |  |             |
| c |             |  |  |  |  |  |             |
| d |             |  |  |  |  |  |             |

13. Business Activity (see Guidelines for CWB-NOI Form H - Note 13)

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14. Laboratory or Consulting Firm(s) (see Guidelines for CWB-NOI Form H - Note 14)

a. Laboratory Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

b. Consulting Firm Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- c. ☐ The Laboratory and/or Consulting Firm(s) information will be submitted 30 days before the start of well drilling activities.

15. Physical Effluent Quality (see Guidelines for CWB-NOI Form H - Note 15)

- a. Check the appropriate column.

| Parameter       | Believe Present | Believe Absent |
|-----------------|-----------------|----------------|
| Floating Debris |                 |                |
| Scum or Foam    |                 |                |
| Color           |                 |                |
| Odor            |                 |                |

- b. Provide an explanation for the parameters believed to be present in the discharge.

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16. Water Quality Parameters (see Guidelines for CWB-NOI Form H - Note 16)

- a. Parameters must be tested and reported. Provide laboratory data sheets in addition to completing the following table.

| Parameter                       | Test Result | Units    | Test Method | Method Detection Limit |
|---------------------------------|-------------|----------|-------------|------------------------|
| Total Nitrogen (10 µg/l)        |             | µg/l     |             |                        |
| Ammonia Nitrogen (1 µg/l)       |             | µg/l     |             |                        |
| Nitrate + Nitrite (1 µg/l)      |             | µg/l     |             |                        |
| Total Phosphorus (10 µg/l)      |             | µg/l     |             |                        |
| Turbidity (0.1 NTU)             |             | NTU      |             |                        |
| Total Suspended Solids (1 mg/l) |             | mg/l     |             |                        |
| pH (0.1 standard units)         |             |          |             |                        |
| Dissolved Oxygen (0.1 mg/l)     |             | mg/l     |             |                        |
| Oxygen Saturation (1%)          |             | %        |             |                        |
| Temperature (0.1 °C)            |             | °C       |             |                        |
| Salinity (0.1 ppt)              |             | ppt      |             |                        |
| or Chloride (0.1 mg/l)*         |             | mg/l     |             |                        |
| or Conductivity (1 µmhos/cm)*   |             | µmhos/cm |             |                        |
| Oil and Grease (1 mg/l)         |             | mg/l     |             |                        |

\* Fresh waters and effluent samples

17. Toxic Parameters (see Guidelines for CWB-NOI Form H - Note 17 and Glossary of Chemicals in General Guidelines for NOI Forms - Note V)

Provide laboratory data sheets in addition to completing the following tables.

a. Metals

| Total Recoverable Metal Parameter | Test Result | Units | Test Method | Method Detection Limit |
|-----------------------------------|-------------|-------|-------------|------------------------|
| Aluminum                          |             | µg/l  |             |                        |
| Antimony                          |             | µg/l  |             |                        |
| Arsenic                           |             | µg/l  |             |                        |
| Beryllium                         |             | µg/l  |             |                        |
| Cadmium                           |             | µg/l  |             |                        |
| Chromium (VI)                     |             | µg/l  |             |                        |
| Copper                            |             | µg/l  |             |                        |
| Lead                              |             | µg/l  |             |                        |
| Mercury                           |             | µg/l  |             |                        |
| Nickel                            |             | µg/l  |             |                        |
| Selenium                          |             | µg/l  |             |                        |
| Silver                            |             | µg/l  |             |                        |
| Thallium                          |             | µg/l  |             |                        |
| Tributyltin                       |             | µg/l  |             |                        |
| Zinc                              |             | µg/l  |             |                        |

b. Organonitrogen Compounds

| Organonitrogen Compound Parameter | Test Result | Units | Test Method | Method Detection Limit |
|-----------------------------------|-------------|-------|-------------|------------------------|
| Benzidine                         |             | µg/l  |             |                        |
| 2,4-Dinitro-o-cresol              |             | µg/l  |             |                        |
| Dinitrotoluenes                   |             | µg/l  |             |                        |
| 1,2-Diphenylhydrazine             |             | µg/l  |             |                        |
| Nitrobenzene                      |             | µg/l  |             |                        |
| Nitrosamines                      |             | µg/l  |             |                        |
| N-Nitrosodibutylamine             |             | µg/l  |             |                        |
| N-Nitrosodiethylamine             |             | µg/l  |             |                        |
| N-Nitrosodimethylamine            |             | µg/l  |             |                        |
| N-Nitrosodiphenylamine            |             | µg/l  |             |                        |
| N-Nitrosopyrrolidine              |             | µg/l  |             |                        |

c. Pesticides

| Pesticide Parameter     | Test Result | Units | Test Method | Method Detection Limit |
|-------------------------|-------------|-------|-------------|------------------------|
| Aldrin                  |             | µg/l  |             |                        |
| Chlordane               |             | µg/l  |             |                        |
| Chlorpyrifos            |             | µg/l  |             |                        |
| DDT                     |             | µg/l  |             |                        |
| Demeton                 |             | µg/l  |             |                        |
| Dieldrin                |             | µg/l  |             |                        |
| Endosulfan              |             | µg/l  |             |                        |
| Endrin                  |             | µg/l  |             |                        |
| Guthion                 |             | µg/l  |             |                        |
| Heptachlor              |             | µg/l  |             |                        |
| Lindane                 |             | µg/l  |             |                        |
| Malathion               |             | µg/l  |             |                        |
| Methoxychlor            |             | µg/l  |             |                        |
| Mirex                   |             | µg/l  |             |                        |
| Parathion               |             | µg/l  |             |                        |
| TDE - metabolite of DDT |             | µg/l  |             |                        |
| Toxaphene               |             | µg/l  |             |                        |

d. Phenols

| Phenol Parameter          | Test Result | Units | Test Method | Method Detection Limit |
|---------------------------|-------------|-------|-------------|------------------------|
| 2-Chlorophenol            |             | µg/l  |             |                        |
| 2,4-Dichlorophenol        |             | µg/l  |             |                        |
| 2,4-Dimethylphenol        |             | µg/l  |             |                        |
| Nitrophenols              |             | µg/l  |             |                        |
| Pentachlorophenol         |             | µg/l  |             |                        |
| Phenol                    |             | µg/l  |             |                        |
| 2,3,5,6-Tetrachlorophenol |             | µg/l  |             |                        |
| 2,4,6-Trichlorophenol     |             | µg/l  |             |                        |

e. Phthalates

| Phthalate Parameter          | Test Result | Units | Test Method | Method Detection Limit |
|------------------------------|-------------|-------|-------------|------------------------|
| Bis (2-ethylhexyl) phthalate |             | µg/l  |             |                        |
| Dibutyl phthalate (esters)   |             | µg/l  |             |                        |



| Phthalate Parameter         | Test Result | Units | Test Method | Method Detection Limit |
|-----------------------------|-------------|-------|-------------|------------------------|
| Diethyl phthalate (esters)  |             | µg/l  |             |                        |
| Dimethyl phthalate (esters) |             | µg/l  |             |                        |

f. Polynuclear Aromatic Hydrocarbons

| Polynuclear Aromatic Hydrocarbon Parameter | Test Result | Units | Test Method | Method Detection Limit |
|--|-------------|-------|-------------|------------------------|
| Acenaphthene                               |             | µg/l  |             |                        |
| Fluoranthene                               |             | µg/l  |             |                        |
| Naphthalene                                |             | µg/l  |             |                        |
| Polynuclear aromatic hydrocarbons          |             | µg/l  |             |                        |

g. Volatile Organics

| Volatile Organic Parameter       | Test Result | Units | Test Method | Method Detection Limit |
|----------------------------------|-------------|-------|-------------|------------------------|
| Acrolein                         |             | µg/l  |             |                        |
| Acrylonitrile                    |             | µg/l  |             |                        |
| Benzene                          |             | µg/l  |             |                        |
| Carbon tetrachloride             |             | µg/l  |             |                        |
| Bis(2-chloroethyl)ether          |             | µg/l  |             |                        |
| Bis(chloroethers-methyl)         |             | µg/l  |             |                        |
| Bis(chloroisopropyl)ether        |             | µg/l  |             |                        |
| Chloroform                       |             | µg/l  |             |                        |
| Dichlorobenzenes                 |             | µg/l  |             |                        |
| Dichlorobenzidine                |             | µg/l  |             |                        |
| 1,2-Dichloroethane               |             | µg/l  |             |                        |
| 1,1-Dichloroethylene             |             | µg/l  |             |                        |
| Dichloropropanes                 |             | µg/l  |             |                        |
| 1,3-Dichloropropene              |             | µg/l  |             |                        |
| Ethylbenzene                     |             | µg/l  |             |                        |
| Hexachlorobenzene                |             | µg/l  |             |                        |
| Hexachlorobutadiene              |             | µg/l  |             |                        |
| Hexachlorocyclohexane, alpha     |             | µg/l  |             |                        |
| Hexachlorocyclohexane, beta      |             | µg/l  |             |                        |
| Hexachlorocyclohexane, technical |             | µg/l  |             |                        |
| Hexachlorocyclopentadiene        |             | µg/l  |             |                        |
| Hexachloroethane                 |             | µg/l  |             |                        |

| Volatile Organic Parameter | Test Result | Units | Test Method | Method Detection Limit |
|----------------------------|-------------|-------|-------------|------------------------|
| Isophorone                 |             | µg/l  |             |                        |
| Pentachlorobenzene         |             | µg/l  |             |                        |
| Pentachloroethanes         |             | µg/l  |             |                        |
| 1,2,4,5-Tetrachlorobenzene |             | µg/l  |             |                        |
| 1,1,2,2-Tetrachloroethane  |             | µg/l  |             |                        |
| Tetrachloroethanes         |             | µg/l  |             |                        |
| Tetrachloroethylene        |             | µg/l  |             |                        |
| Toluene                    |             | µg/l  |             |                        |
| 1,1,1-Trichloroethane      |             | µg/l  |             |                        |
| 1,1,2-Trichloroethane      |             | µg/l  |             |                        |
| Trichloroethylene          |             | µg/l  |             |                        |
| Vinyl chloride             |             | µg/l  |             |                        |

h. Others

| Other Parameter           | Test Result | Units | Test Method | Method Detection Limit |
|---------------------------|-------------|-------|-------------|------------------------|
| Chlorine                  |             | µg/l  |             |                        |
| Cyanide                   |             | µg/l  |             |                        |
| Dioxin                    |             | µg/l  |             |                        |
| Polychlorinated biphenyls |             | µg/l  |             |                        |

18. Treatment System Operations Plan (see Guidelines for CWB-NOI Form H - Note 18)

a. Treatment System to be Used

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b. Details of the Treatment System Operations

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c. Sampling plan, including detailed schedule for sampling and analysis of the effluent.

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19. Additional Information (see Guidelines for CWB-NOI Form H - Note 19)

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20. Authorization of Representative (see Guidelines for CWB-NOI Form H - Note 20)

Alteration of this item will result in the invalidation of the authorization statement(s).

- a. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- b. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. Our representative is further authorized to fulfill all conditions of the NGPC. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- c. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to fulfill all conditions of the NGPC for the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC Conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- d. ☐ A separate statement is attached.

21. Certification (see Guidelines for CWB-NOI Form H - Note 21)

Alteration of this item will result in the invalidation of this CWB-NOI Form submittal. **The person certifying this CWB-NOI Form must meet one of the following descriptions and be employed by the owner listed in Item 1.**

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

| CWB-NOI Form H Checklist  |  |                    |    |
|---|--|--------------------|----|
| If any item (except for Item 19) is listed as "no," attach a sheet with the reason for its exclusion from the CWB-NOI Form H submittal. |  |                    |    |
| Item Number   | Description  | Is info. provided? |    |
|   |  | yes                | no |
| 1.  | Owner Information  |                    |    |
| 2.  | Owner Type   |                    |    |
| 3.  | Operator Information   |                    |    |
| 4.  | Facility Information   |                    |    |
| 5.  | Receiving State Water(s) Information   |                    |    |
| 6.  | Treated Process Wastewater Effluent Discharge Information                                      |                    |    |
| 7.  | Location map is attached   |                    |    |
| 8.  | Flow chart is attached   |                    |    |
| 9.  | Existing or Pending Permits, Licenses, or Approvals  |                    |    |
| 10.   | NGPC Renewal   |                    |    |
| 11.   | Automatic Coverage Under General Permit  |                    |    |
| 12.   | North American Industrial Classification System (NAICS) United States Structure Codes          |                    |    |
| 13.   | Business Activity  |                    |    |
| 14.   | Laboratory or Consulting Firm(s) Information   |                    |    |
| 15.   | Physical Effluent Quality  |                    |    |
| 16.   | Water Quality Parameters   |                    |    |
| 17.   | Toxic Parameters   |                    |    |
| 18.   | Treatment System Operations Plan   |                    |    |
| 19.   | Additional Information   |                    |    |
| 20.   | Authorization of Representative  |                    |    |
| 21.   | Certification  |                    |    |
| 22.   | Filing Fee (\$500.00) is attached  |                    |    |
| 23.   | Number of copies with supporting documents submitted   |                    |    |
|   | One (1) copy for facilities on Oahu with owner's original signature                            |                    |    |
|   | Two (2) copies for facilities on islands other than Oahu (one with owner's original signature) |                    |    |
| 24.   | Submit a list of all supporting documents (see General Guidelines for NOI Forms - Note X)      |                    |    |